# CITY OF ALLENTOWN BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION 435 HAMILTON STREET - ROOM 428 or 4<sup>th</sup> FLOOR ALLENTOWN, PENNSYLVANIA 18101-1699 (610) 437-7591

<u>Deadline: Friday, October 03, 2014</u> Exam: Monday, November 10, 2014

#### APPLICATION - JOURNEYMAN PLUMBER LICENSE TEST - \$60.00

Applications must be filed at least forty-five (45) days prior to date of examinations as hereinafter provided. P125.1

## **QUALIFICATIONS - REQUIREMENTS**

Every applicant for Journeyman Plumber License shall be over the age of twenty-one (21) years. At the time of application, every applicant shall have at least four (4) years of practical experience on the installation of drainage, waste, vent and water systems with a Registered Master Plumber or its equivalent. ORDINANCE #14190 - PASSED 06/04/04.

NAME:			
ADDRESS:			
			ZIP CODE:
PHONE: ( )			
DATE OF BIRTH:			
*********		DAY *********	YEAR :*************
Inspections - Division 435 *****DEADLINE FOR A	Hamilton Street - I APPLICATION TO	Room 428 Allentov DBE RETURNED	eau of Building Standards & Safety wn, PA 18101-1699. IS: <u>FRIDAY, OCTOBER 03, 2014*****</u> RR 10, 2014************************************

# \*\*\*\*\*IMPORTANT\*\*\*\*\*

The applicant shall obtain the signature(s), and address(es) and telephone number(s) of the Registered Master Plumber(s) or its equivalent with whom the applicant has at least four (4) years of practical experience in the installation of drainage, waste, vent and water systems.

## PLEASE PRINT OR TYPE CLEARLY AND COMPLETELY FILL OUT THE APPLICATION:

\*\*\*\*If additional space is needed please attach a sheet to the application\*\*\*\*

I, the undersigned has been employ	d, attest that the applicant: ed at the installation of drainage,	waste, vent and v	vater systems from
DATE:		_ TO DATE:	BY:
NAME:			
COMPANY:			
ADDRESS:			
CITY:		_STATE:	ZIP CODE:
PHONE:	EMPLOYEI	R'S SIGNATURE	 ******************
I, the undersigne			has
DATE:		TO DATE:	BY:
NAME:			
COMPANY:			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
	<u>EMPLOYER</u>		************
I, knowledge and b	, hereby of	declare that the fo	oregoing statements are true to the best of my
DATE:	APPLICANT'S SIGNAT	ΓURE:	
NOTARY PUBI	IC SEAL		
DATE:	NOTARY SIGNATURE:		

Any false statements contained in this application shall be in direct violation of the City Of Allentown ORDINANCE #14190 - PASSED 06/04/04 as amended, governing the licensing of plumbers and inspection of all plumbing within the City Of Allentown.

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# PLEASE READ THIS INFORMATION BEFORE COMPLETING YOUR APPLICATION.

You MUST have your employer that holds the Master Plumber License signed and a copy of his or her Master Plumber License MUST be submitted with this application.

If your employer will not sign and will not give you a copy of his or her Master Plumber License you MUST submit copies of your W2.

If you should have any questions, please call (610) 437-7591 or (610) 437-7592

PLEASE READ THIS INFORMATION BEFORE CONTINUING YOUR APPLICATION.

YOUR APPLICATION MUST BE FILLED OUT COMPLETELY AND CORRECTLY BEFORE IT WILL BE PROCESSED.

IF YOUR APPLICATION IS REJECTED DUE TO INCOMPLETE OR ERRONEOUS INFORMATION, YOU WILL BE REQUIRED TO PAY THE APPLICATION FEE AGAIN

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